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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/621,598	06/03/2004	Lisa Patrice Miller	

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 Suite N
 San Clemente, CA 92673

CONFIRMATION NO. 5025
FORMALITIES
LETTER

Date Mailed: 03/22/2006

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The substitute specification must be accompanied by a marked up copy as set forth in 37 CFR 1.125(c) and a statement that the specification contains no new matter (see 37 CFR 1.125(b)). The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
 - The specification was submitted in multiple column format and is not suitable for electronic reproduction (see 37 CFR 1.52(a)).
- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required. Claims must be consecutively numbered and the same claim number cannot be used for more than one claim. See 37 CFR 1.126.
- A replacement abstract commencing on a separate sheet in compliance with 37 CFR 1.72(b) and 37 CFR 1.121 is required.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$43** as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

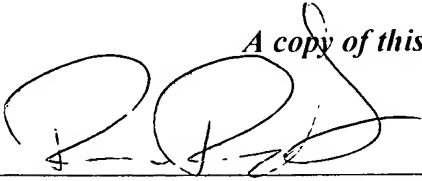
Total additional fee(s) required for this application is **\$43** for a Small Entity

- Total additional claim fee(s) for this application is **\$43**

- \$43 for 1 independent claims over 3.

Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
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*A copy of this notice **MUST** be returned with the reply.*

A handwritten signature in black ink, appearing to be 'R. J. Z.' with a stylized flourish at the end.

Office of Initial Patent Examination (571) 272-4000, or 1-800-PTO-9199, or 1-800-972-6382
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